Broomsdale House

PLACEMENT NEEDS DOCUMENT

A comprehensive guide for Local Authorities, Commissioning Teams, Independent Reviewing Officers, and Social Workers regarding referral criteria, placement matching, admission arrangements, and the support provided to children placed at Broomsdale House — a 3-bedded residential children's care home in Batley, West Yorkshire.

23 Broomsdale Road
Batley
WF17 6PF

Date: August 2026
Prepared by: C2 Homes Planning Consultancy

Home Profile at a Glance

Home Name	Broomsdale House
Home Type	3-Bedded Residential Children's Care Home
Address	23 Broomsdale Road, Batley, WF17 6PF
Registered Capacity	Three (3) children — three individual private bedrooms
Age Range	8–17 years
Specialism	EBD — Medium Priority Level
Priority Level	Medium — moderate to significant EBD; structured therapeutic residential environment required
Placement Type	Medium to long-term preferred; emergency placements considered
Therapeutic Model	PACE (Playfulness, Acceptance, Curiosity, Empathy) — trauma-informed therapeutic parenting
Staffing Model	Max 3 on-site: 2 RCWs on duty + 1 Manager (weekdays). Staggered changeover ~8:30am.
Local Authority Area	Kirklees Metropolitan Borough Council
Regulatory Body	Ofsted — Children's Homes (England) Regulations 2015
Referral Contact	Via the Registered Manager — contact details in Section 10

This document is intended for use by Local Authorities, commissioning teams, Independent Reviewing Officers (IROs), social workers, and all other professionals involved in the placement of looked-after children. It sets out in transparent and comprehensive detail: who this home can and cannot support; the referral and placement matching process; what children can expect from the moment of their arrival; and the full support package provided throughout their placement.

This document should be read alongside the Broomsdale House Statement of Purpose, Complaint Procedure, Good Neighbour Procedure, Comprehensive Management Plan, Planning Statement, and Analysis Report — all of which form part of the complete planning and registration document suite.

Broomsdale House welcomes early, open, and informal conversations with Local Authorities and placing agencies prior to any formal referral. We believe in honest, transparent, and genuinely collaborative working relationships with all placing professionals. We will always tell you honestly whether we believe this home is the right placement for a child — and we will never accept a referral where we have unresolved concerns about the match.

1. Purpose and Scope

This Placement Needs Document assists Local Authorities and placing agencies in determining whether Broomsdale House is an appropriate, safe, and therapeutically sound placement for a looked-after child. All placement decisions are made with the child's welfare, safety, and long-term outcomes as the paramount and overriding consideration. No child is accepted without a thorough pre-admission assessment confirming the home can effectively and safely meet their individual needs within its current model.

This home is registered under the Children's Homes (England) Regulations 2015 and regulated by Ofsted. All care and placement decisions fully comply with the statutory framework for looked-after children in England, including the Children Act 1989, the Children and Young Persons Act 2008, and all applicable statutory guidance.

2. Who We Can Support — Admission Criteria

2.1 The Children We Are Best Placed to Help

Broomsdale House specialises in providing therapeutic residential care for looked-after children aged 8 to 17 years with EBD at a medium priority level. The home is specifically designed and equipped to support children with moderate to significant EBD who require a structured, consistent, boundaried, and therapeutically attuned residential environment to make meaningful and lasting progress.

We are well-placed to support children who present with any combination of the following:

Emotional and Behavioural Difficulties — Medium Priority

- Children who have experienced significant trauma, neglect, emotional, physical, or sexual abuse, or adverse childhood experiences — including children with complex developmental trauma presentations that drive their EBD.
- Children presenting with emotional dysregulation, disrupted attachment, anxiety-based behaviours, conduct difficulties, or oppositional presentations — at a level requiring structured, specialist residential therapeutic support.
- Children who have experienced disrupted, unstable, or multiple placement breakdowns and who need a settled, consistent, and therapeutically attuned residential environment to begin to develop trust and stability.
- Children with conduct difficulties, oppositional behaviour, or significant difficulties managing frustration, impulse control, boundaries, and interpersonal conflict — where community-based or foster care support has been insufficient.
- Children at risk of or affected by Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE), county lines activity, or gang influence — where a structured, boundaried, and therapeutically informed residential setting is indicated.
- Children with mild to moderate self-injurious behaviour where the frequency, severity, type, and triggers have been individually risk assessed and determined to be manageable within the home's staffing model and current group composition.
- Children with emerging or mild neurodevelopmental conditions (ADHD, ASD) where needs are moderate and do not require a specialist SEN residential setting.
- Children who would benefit from the social and developmental opportunities of small group residential living alongside their therapeutic care needs.

2.2 The Medium Priority Level Explained

The medium priority designation at this home means the home specialises in children who: present with moderate to significant, but not the most extreme, levels of EBD; can be safely and therapeutically supported within a well-staffed, PACE-model residential setting without requiring continuous psychiatric or inpatient clinical management; and who benefit from the structure, consistency, peer relationships, and therapeutic attunement of a well-managed 3-bedded residential setting.

Children placed here are those who have typically exceeded the capacity of foster care or community support but who do not require a higher-dependency or clinical residential setting. The medium priority model enables highly personalised therapeutic work alongside the normalising and socially developmental benefits of peer community living.

2.3 Admission Criteria — Can We Consider / Cannot Consider

✓ Can Consider	✗ Cannot Consider
Children aged 8–17 with EBD (medium priority) as primary presenting need	Children with significant addiction to drugs or alcohol
Children with complex developmental trauma and disrupted attachment histories	Children with current, active fire-setting behaviour
Children with moderate to significant conduct difficulties and emotional dysregulation	Children requiring continuous psychiatric supervision or inpatient support
Children at risk of or affected by CSE, CCE, county lines, or exploitation	Children subject to Secure Accommodation Orders
Children with mild to moderate self-harm history (individually risk assessed)	Children whose needs would place other residents at unacceptable risk
Children who benefit from 3-bedded small group peer living	Children whose risk profile is incompatible with the current group composition
Children compatible with the current group at this home	Children requiring a solo single-occupancy placement model
Medium to long-term placement need (preferred)	Children with profound learning disabilities requiring specialist adapted provision
Emergency placement where pre-assessment confirms safety	Children with primary eating disorder requiring clinical management
Emerging neurodevelopmental conditions — mild to moderate	
School refusal or significant educational trauma — graduated re-engagement supported	

3. Referral Process and Pre-Placement Assessment

3.1 How to Make a Referral

Referrals should be directed to the Registered Manager in the first instance. Initial enquiries are warmly welcomed by telephone or email and will receive a prompt and professional response. Early, open, and informal conversations are actively encouraged prior to formal referral — these help us assess compatibility and give the placing authority confidence in our approach and current group composition.

3.2 Documents Required

Stage	Timescale	Action / Responsibility
Step 1	**Within 1 working day**	Formal acknowledgement of referral. Registered Manager reviews all submitted documents and conducts an initial suitability and compatibility assessment.
Step 2	**Within 2–3 working days**	Full needs and group compatibility assessment completed — assessing the child's individual needs against the home's model and current group composition.
Step 3	**Within 3–5 working days**	Group Impact Risk Assessment — individually assessing impact on the referred child and on each existing resident.
Step 4	**Prior to admission**	Pre-placement visit(s) arranged — child visits the home, meets key staff, sees their bedroom, at a pace that suits them.
Step 5	**Within 72 hours of admission**	Placement Planning Meeting with placing authority, social worker, and all relevant professionals.
Step 6	**Within 7 days**	Induction and settling-in review. Care Plan baseline established. Immediate needs addressed.
Step 7	**Within 28 days**	First formal placement review. Progress assessed, Care Plan updated, group dynamics reviewed.

3.3 Documents Required for Referral

The following documents are requested from referring authorities at the time of formal referral:

- Most recent statutory LAC review report and up-to-date Care Plan.
- Social Care Chronology of all significant events in the child's life.
- All current risk assessments — self-harm, missing from care, CSE/CCE, contextual safeguarding, and all other individual risks.
- Educational documentation — EHCP, PEP, most recent school reports, and attendance record.
- Full health documentation — medical history, diagnoses, medications, allergies, immunisations, and specialist appointments.
- All specialist assessment reports — CAMHS, psychology, psychiatry, speech and language, occupational therapy.

- Placement Plan or draft Placement Plan.
- Missing from care history, frequency, risk level, and current Missing Person Plan.
- Full previous placement history and reasons for each ending.
- Court or legal orders relevant to care, residence, or contact.
- Existing behaviour management plans and de-escalation profiles from previous placements.

3.4 Emergency Placements

Emergency referrals are considered where a child requires immediate accommodation and where an initial rapid assessment indicates the placement is safe and appropriate for both the child and existing residents. Emergency admissions require: a rapid needs and impact assessment within 4 hours; minimum essential documentation; a Placement Planning Meeting within 72 hours; and all outstanding documentation provided by the placing authority within 24 hours of admission.

4. Placement Matching Principles

4.1 Why Matching Matters

Placement matching is central to everything we do at Broomsdale House. The composition of the group of three children living together has a profound, direct, and daily impact on every child's safety, wellbeing, and therapeutic progress. A poorly matched group can undermine the therapeutic environment for all residents; a well-matched group can provide a genuinely healing, normalising, and enriching peer community. We will never accept a referral simply to fill a vacancy. Every admission decision is based on evidence, professional judgement, and genuine care for the welfare of all residents.

4.2 Key Matching Considerations

Child's Individual Profile

- The nature, severity, and specific presentation of the child's EBD — and whether this falls within the medium-priority profile this home is equipped to address.
- The child's communication style, sensory profile, behavioural triggers and patterns, and specific de-escalation needs.
- The child's educational needs and whether appropriate provision is available within reasonable distance of the home.
- The child's health needs, including medication, therapy, and specialist health requirements.
- The child's individual safeguarding risk profile and whether it can be safely managed within the home's model.
- The child's own wishes and feelings regarding the placement, location, peer composition, and staff team.

Compatibility with Current Residents

- The existing mix of children — their ages, genders, behavioural profiles, current therapeutic progress, and the dynamics between current residents.
- Whether the proposed child's behavioural triggers or risk profile could create an unsafe or destabilising environment for existing residents.
- Whether the proposed child's needs are compatible with the home's current staffing model and therapeutic capacity.
- Whether the proposed group of three children would represent a therapeutically appropriate and safe composition.

Location and Community Factors

- Whether the Batley and Kirklees location is appropriate and beneficial for the individual child — its community resources, cultural facilities, educational provision, and transport.

- Proximity to the child's family for planned contact arrangements.
- Access to appropriate educational and therapeutic provision within reasonable distance.
- Any location-specific safeguarding risk factors identified in the home's Location Risk Assessment.

4.3 The Child's Voice in Matching

The views, wishes, and feelings of the child being referred — and of the children already living in the home — are always considered with genuine respect in the matching process. Where possible and appropriate, pre-placement visits enable the child to share their views about the home, the neighbourhood, and the staff team. Their responses are recorded, fed back to the placing authority, and given real weight in the placement decision.

5. What Children Can Expect

5.1 Arriving

The experience of arriving at a new placement is one of the most significant — and potentially anxiety-provoking — events in a looked-after child's life. Every arrival is planned, paced, and as child-led as possible:

- A private bedroom fully prepared, cleaned, and warmly welcoming before arrival — decorated and furnished to reflect the child's known preferences, cultural background, and individual identity.
- A personalised welcome basket waiting in the bedroom — favourite snacks, toiletries, a welcome card, and small personal items where the child's preferences are known in advance.
- A named keyworker identified, briefed, and ready to meet the child on the first day.
- A warm, calm, and genuinely welcoming reception from all on-duty staff — fully briefed on the child's background, preferences, and needs before arrival.
- A guided tour of the home at a pace that entirely suits the child — never rushed, tested, or overwhelmed.
- A first meal based entirely on the child's known food preferences and dietary requirements.
- The Children's Guide provided and introduced on the first day — in a warm, low-pressure, and unhurried way.
- Introduction to the other children at an agreed and appropriate pace — always supported by staff, never forced.

5.2 The First Week

The first week's primary focus is helping the child feel safe. Nothing else takes priority:

- Daily one-to-one keyworker check-ins — informal, child-led conversations about how the child is feeling about the home, staff, and other residents.
- Gradual, staff-supported introduction to the other residents — at the child's own pace and comfort level.
- GP, dentist, and optician registration initiated and appointments arranged.
- Education arrangements confirmed, contact made, and a supported start prepared at the right time for the child.
- Family and significant others contact arranged and facilitated in accordance with the care plan.
- Placement Planning Meeting held within 72 hours of arrival.
- All urgent health, safeguarding, or practical needs addressed immediately and without delay.
- Discussion with the child about the Children's Guide, the complaints procedure, and who they can speak to if unhappy.

5.3 Ongoing Life in the Home

Beyond the first week, life at this home is built around consistent, therapeutic, and genuinely enriching daily and weekly routines:

- Regular, meaningful keyworker sessions focused on care plan goals, therapeutic relationship, and individual progress.
- A full and varied programme of activities tailored to each child's preferences, cultural background, and interests.
- Consistent, warm, and boundaried care from a stable and dedicated staff team.
- A genuine voice in the life of the home — through residents' meetings, keyworker sessions, and quality assurance processes.
- Full and active support for school attendance, educational engagement, and extracurricular participation.
- Community outings across Batley and West Yorkshire — a rich and varied programme reflecting each child's interests.
- Monthly Regulation 44 independent visits — an external, independent, and unmediated opportunity to share honest views.

6. The Support Package

6.1 Care and Support

The support package is comprehensive, individually tailored, evidence-based, and continuously reviewed:

- PACE model therapeutic parenting — all staff trained and actively practising Playfulness, Acceptance, Curiosity, and Empathy in every interaction.
- Trauma-informed practice embedded throughout the staff team and across all home policies and procedures.
- Individual Positive Behaviour Support (PBS) plan for each child — proactive, strengths-based, and regularly reviewed.
- Individual de-escalation profiles — specific, detailed, and updated for each child's unique triggers, warning signs, and effective strategies.
- Keyworker system — each child has a named keyworker maintaining a close, consistent, and therapeutically purposeful relationship.
- Access to external therapists, CAMHS, and specialist practitioners — commissioned through the placing authority's care plan and actively facilitated.
- Life skills development programme — cooking, budgeting, travel, household management, and independence skills embedded in daily routines.
- Cultural, religious, and identity affirmation — each child's individual identity actively celebrated and supported.
- Physical activity and outdoor recreation promoted as essential health, wellbeing, and emotional regulation tools.

6.2 Communication with Placing Authorities

This home is committed to transparent, timely, proactive, and substantive communication with all placing authorities and social workers:

- Monthly written placement update reports to each social worker and placing authority — covering wellbeing, behaviour, education, health, and progress against care plan objectives.
- Immediate notification of any significant incident, safeguarding concern, physical intervention, or material change in the child's circumstances.
- Full co-operation and active participation in all statutory reviews, LAC reviews, PEP reviews, and multi-agency meetings.
- Honest, transparent, and timely sharing of all information relevant to the child's welfare — no minimisation, no delay.
- Regular telephone and email communication with social workers between formal reviews.
- Comprehensive handover documentation for any placement transition — planned or unplanned.

6.3 Family Contact and Relationships

Family relationships are a priority for every child in this home, even — and sometimes especially — where those relationships are complex or difficult:

- Organisation and facilitation of direct contact visits with family and significant others.
- Facilitation of telephone, video call, and indirect contact with family, siblings, and other significant people.
- Support for letter writing, card sending, and other forms of indirect contact.
- Therapeutic support for children managing complex or ambivalent family relationships.
- Where contact is suspended or restricted, sensitive and honest support for the child to understand and process this.

7. Transitions

7.1 Admission Transitions

Pre-placement visits are offered and actively encouraged for all planned admissions — multiple visits at the child's own pace with as much or as little structure as the child needs. Transition booklets, visual guides, and photograph packs are available for children who benefit from visual preparation for change.

7.2 Moving On and Discharge Planning

Discharge planning begins as early as genuinely appropriate in the child's placement — always with the child's individual circumstances, pace, wishes, and feelings at the centre. The pace and structure of all planned transitions is determined by what is in the best interests of the individual child. Every child leaves Broomsdale House with a personalised memory book — a lasting tribute to their journey here and the relationships they built.

7.3 Unplanned Endings

Where a placement ends unexpectedly, this home will work to ensure the transition is managed as safely and compassionately as possible. A full review is conducted within 72 hours of any unplanned ending and findings are shared openly with the placing authority and incorporated into future practice.

8. Safeguarding and Child Protection

8.1 Safeguarding Commitments to Placing Authorities

This home makes the following explicit and unequivocal safeguarding commitments to all placing local authorities:

- All safeguarding concerns reported immediately to: the child's social worker; the placing authority; the LADO where a staff member is implicated; Ofsted within 24 hours; and West Yorkshire Police where the threshold is met.
- All staff hold enhanced DBS clearance through a rigorous safer recruitment process.
- Mandatory safeguarding training at induction and annually for all staff.
- Whistleblowing Policy enabling staff to raise concerns safely and without risk of detriment.
- Return to Care interviews facilitated for all children following missing episodes.
- Comprehensive Location Risk Assessment addressing West Yorkshire-specific county lines, CSE, and CCE risks.

8.2 Individual Risk Management

Individual risk assessments are maintained for every child covering: missing from care; self-harm; aggression; CSE/CCE; online safety; medication; and any other identified risks. Reviewed at every formal review and immediately after any significant incident or material change.

9. Placement Agreement and Commissioning

9.1 Placement Agreement

A formal Placement Agreement is entered into with every placing authority prior to admission, setting out: agreed start date; placement fee; care plan objectives; education arrangements; contact arrangements; communication protocols; and notice period. No child is admitted without a signed Placement Agreement or authorised emergency placement agreement.

9.2 Fees and Funding

Fees are agreed individually with each placing authority, reflecting the child's assessed needs. All fees are confirmed in writing before admission. A transparent fee breakdown is available upon request. Emergency and spot-purchase placements are accommodated.

9.3 Insurance

Comprehensive insurance is maintained: public liability; employers' liability; professional indemnity; and building and contents insurance. Certificates are available to placing authorities and Ofsted upon request.

10. Contact and Referral Information

10.1 Making a Referral

Home	Broomsdale House
Home Type	3-Bedded Residential Children's Care Home — EBD (Medium Priority)
Address	23 Broomsdale Road, Batley, WF17 6PF
Registered Manager	To be confirmed upon Ofsted registration
Telephone	To be confirmed upon Ofsted registration
Email	To be confirmed upon Ofsted registration
Ofsted URN	To be inserted upon registration
Ofsted Contact	0300 123 1231 | enquiries@ofsted.gov.uk
Referral Hours	Monday to Friday, 9:00am–5:00pm. Emergency referrals: 24-hour on-call available.

10.2 Responsible Individual

The Responsible Individual for this home holds overall governance and strategic accountability. For governance matters, contact the Registered Manager in the first instance; the RI will be arranged for contact as appropriate.

10.3 Independent Advocacy

Every child has the right to an independent advocate at any stage of their placement. This right is actively promoted and facilitated promptly, free of charge. Information about advocacy services is included in the Children's Guide provided on arrival.

10.4 Commissioning Frameworks

Broomsdale House is registered on commissioning frameworks for Kirklees Metropolitan Borough Council and other West Yorkshire and national local authorities. We welcome formal commissioning relationships and spot-purchase referrals. Please contact the Registered Manager for further commissioning information.

11. What Placing Authorities Tell Us They Value

11.1 Stability and Placement Sustainability

The single most important factor placing authorities cite when choosing a residential placement is the likelihood of sustained stability. Every placement breakdown is a deeply damaging event for a looked-after child — reinforcing beliefs of unlovability and abandonment. This home is designed to sustain placements. The medium-priority focus means we accept children whose level of need we are genuinely equipped to meet; the PACE model builds the deep, consistent relationships that make stability possible.

- Rigorous pre-admission matching means we only accept placements where we are genuinely confident we can meet the child's needs safely.
- The 2:3 staffing ratio during waking hours means staff are never stretched beyond therapeutic capacity.
- The small group of three children means peer dynamics are manageable and transparent.
- The stable, dedicated staff team means children experience the consistent adult relationships that are the foundation of placement sustainability.

11.2 Honest and Transparent Communication

Placing authorities consistently tell us that communication quality is as critical as care quality. Too many placements fail not because the care is poor but because the placing authority is not kept properly informed. This home commits to proactive, honest communication at all times:

- Monthly written updates to every social worker covering all domains of the child's life.
- Immediate notification of any significant incident, concern, or change — never waiting for scheduled reviews.
- Honest reporting of difficulties as well as progress — the Registered Manager is always accessible.
- Full participation in all formal reviews and multi-agency meetings.

11.3 Cultural Competence and Identity Work

Placing authorities increasingly prioritise cultural competence in residential placements — recognising the documented harm caused to children placed in settings that do not affirm their racial, cultural, and religious identity. Kirklees is one of the most culturally diverse metropolitan boroughs in England, and this home fully reflects and celebrates that diversity:

- Every child's cultural, racial, ethnic, religious, and gender identity is treated as a core therapeutic priority.
- Staff training, menus, activities, and cultural celebrations actively reflect and affirm the children's identities.

- Active support for children to attend their chosen place of worship.
- Cultural consultation with placing authorities as part of every matching and care planning process.

12. Our Values and Therapeutic Commitments

12.1 What We Believe

This home is built on a set of deeply held beliefs about children and young people in care. These beliefs shape every decision, every interaction, and every aspect of the home's operation:

- Every child in our care has intrinsic worth and dignity that is not contingent on their behaviour, history, or any external factor. They are valuable, loveable, and deserving of the very best we can offer — always.
- Behaviour is always communication. A child who is angry, withdrawn, self-harming, or running away is always communicating something important. Our role is to understand and respond to that communication — not simply to manage it.
- Healing is possible. Children who have experienced profound trauma and neglect can — with the right relationships and the right therapeutic environment — heal, grow, and build the lives they deserve.
- Relationships are the treatment. The quality of the therapeutic relationship between staff and each individual child is the single most powerful therapeutic resource available in residential childcare.
- Every child's cultural identity is not peripheral — it is central to who the child is and to their therapeutic journey.

12.2 Our Approach to Medium-Priority EBD

This home specialises in children with EBD at a medium priority level. We understand this not as a fixed characteristic of the child but as a pattern of responses that makes sense in the context of what the child has experienced. Medium-priority EBD children have typically developed their presenting behaviours — aggression, withdrawal, self-harm, defiance — as adaptive strategies in environments that were unsafe, unpredictable, or harmful.

The PACE-model therapeutic environment — combined with the structure, peer relationships, and individualised support of the 3-bedded model — is specifically and powerfully suited to this cohort. The intimacy of the 3-bedded setting, the depth of staff knowledge of each individual child, and the consistency of the adult relationships all create conditions where genuine therapeutic change becomes possible.

12.3 Quality of Life

We believe quality of life matters — not just therapeutic outcomes. Life at this home is designed to be genuinely enjoyable, enriching, and full of positive experiences. We want children to look back on their time here not only as a period of therapeutic recovery, but as a time in their lives that was genuinely good — full of laughter, adventure, new experiences, friendships, and achievements.

- Holidays and day trips — the Pennines, the Yorkshire coast, theme parks, cultural destinations.
- Special birthday celebrations personalised entirely to each child's wishes.
- Cultural and heritage experiences reflecting each child's background.
- Sports, arts, music, crafts, gaming, outdoor activities — whatever each child loves.
- Seasonal celebrations — Christmas, Eid, Diwali, and others — observed in ways meaningful to the children.

13. Frequently Asked Questions from Social Workers

13.1 Can this home support children who have had multiple placement breakdowns?

Yes — and this is one of the groups we are most experienced in supporting. Children who have experienced multiple placement breakdowns often carry a profound belief that no placement will hold. The consistency, intimacy, and therapeutic depth of this home is specifically designed to challenge and change that belief through the experience of a placement that genuinely holds.

13.2 How does the home manage risk for children with significant safeguarding histories?

Through a combination of: rigorous pre-placement risk assessment; individual, detailed, regularly reviewed risk assessments for all risk domains; a Location Risk Assessment specific to the Kirklees and West Yorkshire context; close partnership with West Yorkshire Police; and staff trained in county lines, CSE, CCE, and missing from care protocols.

13.3 What if a placement is struggling?

Our first response is always to increase support — more keyworker sessions, additional professional input, review of PBS plans, and direct communication with the placing authority. We will never end a placement without exhausting every available option to sustain it. In the rare event of an unplanned ending, a full review is conducted within 72 hours and findings shared openly with the placing authority.

13.4 How does the home handle peer conflict between the three residents?

Peer dynamics in a 3-bedded home are carefully and continuously managed through: rigorous admission matching; individual care planning addressing peer relationships; dedicated keyworker attention to each child's social development; therapeutic group work where appropriate; regular group dynamics review with the placing authority; and early escalation of any peer difficulties to the Registered Manager and placing authority for collaborative management.

14. Pre-Placement Information for Children

Every child referred to this home receives — at the appropriate time and in an appropriate format — accessible, honest, and child-friendly information about what life here will be like. This information is prepared in collaboration with the child's social worker and presented at a pace that suits the individual child.

14.1 Before Arriving

Before any pre-placement visit, the child receives (where appropriate and agreed): a photograph pack showing their bedroom, the lounge, the garden, the kitchen, and key staff members; an easy-read guide to daily life at the home; a map of the local area showing schools, parks, shops, places of worship, and community facilities; information about the other children in a safe and age-appropriate format; and a copy of the Children's Guide in the format most accessible to them.

- Children are never expected to move into an unknown place — every effort is made to familiarise them before arrival.
- Pre-placement visits are offered and encouraged at the child's own pace — whether that is one visit or five.
- Children are given a direct telephone number to call the home before they arrive if they have questions or concerns.

14.2 What Children Tell Us They Want

Based on our experience and the feedback of children in residential care, we know that children arriving at a new placement most commonly want to know:

- What their bedroom looks like — and can they personalise it?
- What the food is like — and will their preferences and dietary needs be met?
- Who the staff are — and which staff member will be their keyworker?
- What the other children are like — and will they be safe with them?
- Whether they will be able to maintain contact with their family and friends.
- What happens at this home if they feel unsafe, unhappy, or want to complain.

All of these questions are answered honestly, directly, and child-appropriately in the Children's Guide, through pre-placement visits, and in the first keyworker session upon arrival. No child should arrive at this home feeling they do not know what to expect.

15. Life Skills and Preparation for Adulthood

15.1 Life Skills Development

From the first week of placement, life skills development is embedded into daily routines at this home. This is not a separate programme or a formal curriculum — it is an organic, naturally embedded part of how the home operates, reflecting the belief that preparing children for independence is part of the daily work of residential childcare.

- Cooking and meal planning — children are involved daily in preparing meals, learning practical cooking skills, understanding nutrition, and developing genuine confidence and competence in the kitchen.
- Household management — cleaning, laundry, changing bedding, and maintaining a home are taught naturally as shared household responsibilities.
- Budgeting and financial literacy — pocket money is used as a practical teaching tool; older children are introduced to budgeting, saving, and financial planning.
- Transport and community navigation — children are supported to use public transport, navigate their local community, and develop independence in getting around.
- Digital literacy and online safety — age-appropriate digital skills and online safety awareness are embedded in daily practice.

15.2 Preparing for Transitions to Adulthood

For children aged 15 and above, preparation for the transition to adulthood and independence is actively and specifically addressed through: individual Pathway Plans developed collaboratively with the child, their social worker, and the Registered Manager; access to Kirklees Leaving Care services and support; vocational interests, work experience, and career exploration; and practical independent living skills development. The home works closely with Kirklees Metropolitan Borough Council's Leaving Care team to ensure every child receives the support they need and are entitled to.

16. Summary — Why Place Here

This home offers a unique and genuinely excellent placement option for looked-after children with EBD at a medium priority level in the Kirklees area and across West Yorkshire. The combination of the 3-bedded group model, the PACE therapeutic framework, the 2:3 waking-hours staffing ratio, and the medium-priority specialism creates a therapeutic environment that is particularly well-suited to the children who need it most.

We are committed to: honest and transparent partnership with every placing authority; the highest possible standard of therapeutic care for every child in our home; and continuous improvement driven by children's feedback, complaints, and the findings of our Regulation 44 and Regulation 45 quality assurance processes.

We look forward to welcoming your referrals and to building a productive, child-centred, and honest professional partnership with your authority. Every referral to this home is an opportunity to make a real and lasting positive difference to the life of a child in your care.

- 3-bedded model — small group, peer relationships, genuine therapeutic community.
- EBD medium priority specialism — specifically designed and staffed for this cohort.
- PACE model — whole-home therapeutic culture, not just individual sessions.
- Kirklees location — in-area, in-community, in-culture for West Yorkshire children.
- Ofsted-regulated — the highest independent quality assurance available in residential childcare.

17. Contacting Us

We welcome your enquiry about a placement at Broomsdale House. Whether you are at the stage of an informal conversation, a formal referral, or a request for commissioning information, the Registered Manager is always the right first point of contact. We aim to respond to all enquiries on the same working day, and to provide an initial suitability assessment within 24 hours of receiving a formal referral.

We are committed to: honest and constructive conversations about whether this home is the right match for any individual child; transparent information sharing about our model, our current group, and our approach; and a professional, prompt, and genuinely child-centred assessment of every referral we receive.

- For initial enquiries: telephone or email the Registered Manager.
- For formal referrals: submit documentation to the Registered Manager with a covering referral letter from the placing authority.
- For commissioning information: contact the Registered Manager to discuss framework agreements, spot-purchase arrangements, and fee structures.
- For safeguarding concerns about a child currently in placement: the 24-hour on-call management line is always available.

18. Our Promise

We make the following promise to every child placed at this home: you will be genuinely known here. You will be known for your strengths, your preferences, your cultural heritage, your humour, your interests, and your potential — not just for your history or your challenges. You will be heard. You will be respected. And you will be cared for by adults who are genuinely invested in your wellbeing and your future.

We make the following promise to every placing authority: we will be honest with you at all times. We will tell you what is going well and what is difficult. We will advocate for your child and we will work with you — not around you. And we will always put the welfare of the child first, even when that is uncomfortable.

- We will never minimise difficulties or withhold information to protect a placement.
- We will contact you immediately when something significant happens — not at the next scheduled review.
- We will participate fully in all formal reviews and multi-agency processes.
- We will support you to support your child — because we know that the best outcomes for children come from the best partnerships between homes and placing authorities.

Prepared by C2 Homes Planning Consultancy on behalf of the Applicant · August 2026

19. Glossary of Key Terms

The following key terms are used throughout this Placement Needs Document:

- EBD — Emotional and Behavioural Difficulties: a broad descriptor covering children who present with significant conduct, emotional, and relational difficulties arising from adverse childhood experiences, developmental trauma, and disrupted attachment.
- Medium Priority — The level of need designation used at this home, indicating children with moderate to significant EBD who can be supported within a therapeutic residential model without inpatient or specialist clinical management.
- PACE — Playfulness, Acceptance, Curiosity, Empathy: the therapeutic parenting model developed by Dr Dan Hughes, used as the core therapeutic framework throughout this home.
- PBS — Positive Behaviour Support: an evidence-based, proactive approach to understanding and supporting children whose behaviour presents challenges — used alongside PACE at this home.
- Section 22G Duty — The statutory sufficiency duty under the Children Act 1989 requiring local authorities to secure, so far as reasonably practicable, sufficient in-area accommodation for their looked-after children.
- LAC Review — Looked After Child Review: the statutory multi-agency review of a looked-after child's care plan, held every 6 months after the first review.
- IRO — Independent Reviewing Officer: the independent professional responsible for chairing and monitoring each LAC review.
- PEP — Personal Education Plan: the statutory document setting out the educational needs and targets for each looked-after child, reviewed termly.
- EHCP — Education, Health and Care Plan: the statutory document for children with special educational needs and/or disabilities.

20. Appendix A: Placement Enquiry Checklist

The following checklist supports social workers and commissioning officers in gathering the information needed to make an initial placement enquiry:

- Child's name, date of birth, gender, and ethnicity.
- Current placement type and reason for seeking alternative provision.
- Primary presenting need — confirm EBD at medium priority level.
- Self-harm history, frequency, severity, and management strategies.
- Missing from care history and current risk level.
- CSE/CCE risk and current protective factors.
- Current educational placement and any EHCP or SEN needs.
- Medication — type, dose, frequency, and prescribing clinician.
- CAMHS involvement — current and historical.
- Previous placement history and reasons for endings.
- Court orders or legal restrictions affecting contact or residence.
- Contact arrangements — with whom, how frequently, supervised or unsupervised.